



CERTIFICATE OF ASSUMED BUSINESS NAME

Title 30, Chapter 21, Part 8, Idaho Code.

Filing fee: \$25.00.

FILED EFFECTIVE

2017 FEB -1 AM 9:01

SECRETARY OF STATE
STATE OF IDAHO

1. The assumed business name which the undersigned use(s) in the transaction of business is:

Idaho ED Counseling

2. The individual and/or entity names and business address(es) of those doing business under the assumed business name (do not include the name you listed in #1):

Elizabeth Stephenson 340 N. 12th West #15 Rexburg, ID 83440

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

(Name)

(Address)

3. The general type of business transacted under the assumed business name is:

☐ Retail Trade

☐ Construction

☐ Transportation and Public Utilities

☐ Wholesale Trade

☐ Agriculture

☐ Mining

☒ Services

☐ Manufacturing

☐ Finance, Insurance, and Real Estate

4. Mailing address for future correspondence:

Liz Stephenson

(Name)

P.O. Box 3

(Address)

Rexburg

ID

83440

(City)

(State)

(Zipcode)

5. Name and address for this acknowledgment copy is (if other than # 4):

(Name)

(Address)

(City)

(State)

(Zipcode)

Printed Name: Elizabeth Stephenson

Signature: *Elizabeth Stephenson*

Printed Name: _____

Signature: _____

Printed Name: _____

IDAHO SECRETARY OF STATE

02/01/2017 05:00

CK:10402 CT:334063 BH:1566772
10 25.00 = 25.00 ASSUM NAME #2

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